



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

September 17, 2014

Mr. Charles Erickson, Administrator
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464

Dear Mr. Erickson:

The Division of Licensing and Protection completed the unannounced onsite re-licensure survey at your facility on **September 2, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **September 30, 2014**.

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.



If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **September 30, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call 802-871-3350.

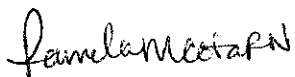
The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **September 30, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

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October 6, 2014

Mr. Charles Erickson, Administrator
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 2, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	09/02/2014 (X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER
RIVERVIEW LIFE SKILLS CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**197 HIGHLANDER DRIVE
JEFFERSONVILLE, VT 05464**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey was conducted on 9/2/14 by the Division of Licensing and Protection. The following regulatory violations were identified.	R100		
R160 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.	R160		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5899

IFYC11

If continuation sheet 1 of 10

R160, R164, R165, R179, R181, R252, + R266 POCs accepted 10/6/14 BHW/ERN/PMC

Division of Licensing and Protection

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R160	Continued From page 1 (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to develop policies and procedures to address the process of nursing delegation for the administration of medications by unlicensed staff to residents. Findings include: During interview, 2 separate LSAs (Life Skills Aides - unlicensed direct care staff), stated that LSAs who have been delegated to administer medications to residents provide training to staff newly designated to administer medications. The facility RN (Registered Nurse) confirmed this process as did one of the two facility Managers. The Manager further confirmed that the facility did not have a current policy and procedure that addressed how the medication delegation process would work in the home.	R160		
R164 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by:	R164		

Addressed + resolved
in new policy.
9/19/14

In new policy
9/19/14

Division of Licensing and Protection

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R164	Continued From page 2 Based on staff interview the facility failed to assure consistent practice regarding the responsibility of an RN (Registered Nurse) to delegate, to unlicensed staff, the administration of specific medications to specific residents. Findings include: During interview, LSA (Life Skills Aide - unlicensed direct care staff member) #2 confirmed that s/he administers medication to residents on the second floor. S/he stated that s/he had received training by LSA #1, who had been previously delegated to administer medications. Both LSAs stated the process for training LSA #2 for medication administration included; LSA #2 observed LSA #1 during medication passes to residents for a period of approximately 1 week. Following the observation period, LSA #1 then observed LSA #2 administer medications to the same residents. LSA #1 stated that his/her observations of LSA #2 included providing education to assure LSA #1 verified the right medication was being administered to the right patient at the right time. Each of the LSA's also stated that the RN also provided some education and made observations. The RN stated, during interview, that although the process for training LSAs for medication administration sometimes includes training by previously delegated, unlicensed staff, s/he does complete the competency Check List for Completing Medication Administration Training with newly delegated LSAs, after their initial training. However, per review, although the Check List assesses general knowledge and skills in techniques for medication administration, it does not assess the LSA's knowledge of specific conditions of the individual residents, understanding of the specific medications relevant to those conditions and the potential side	R164			

*Addressed in new Policy
Please look at the new
policy attached
9/19/14*

Division of Licensing and Protection

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R164	Continued From page 3 effects of those medications, for which the delegated LSA is responsible.	R164			
R165 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to assure the designated RN (Registered Nurse) was responsible for all aspects of teaching/training designated staff the appropriate knowledge and skills necessary for medication administration. Findings include: During interview, LSA (Life Skills Aide -	R165			

*Please see Policy
attached.
9/19/14*

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R165	<p>Continued From page 4</p> <p>unlicensed direct care staff member) #2 confirmed that s/he administers medication to residents on the second floor. S/he stated that s/he had received training by LSA #1, who had been previously delegated to administer medications. Both LSAs stated the process for training LSA #2 for medication administration included; LSA #2 observed LSA #1 during medication passes to residents for a period of approximately 1 week. Following the observation period, LSA #1 then observed LSA #2 administer medications to the same residents. LSA #1 stated that his/her observations of LSA #2 included providing education to assure LSA #1 verified the right medication was being administered to the right patient at the right time. Each of the LSA's also stated that the RN also provided some education and made observations.</p> <p>The RN confirmed, during interview, that the process for training LSAs for medication administration sometimes includes training by previously delegated, unlicensed staff. The RN stated that s/he does complete the Check List for Completing Medication Administration Training with newly delegated LSAs, after their initial training, to determine the LSA's competency. However, per review, although the Check List assesses general knowledge and skills in techniques for medication administration, it does not assess the LSA's knowledge of specific conditions of the individual residents, understanding of the specific medications relevant to those conditions and the potential side effects of those medications, for which the delegated LSA is responsible. The RN further stated that s/he was not aware that the medication delegation process requires teaching/training to be conducted by the RN.</p>	R165	<p><i>Addressed in new Policy</i></p> <p><i>Please refer to new policy. 9/19/14</i></p> <p><i>Addressed in Policy</i></p> <p><i>9/19/14</i></p>

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R179	Continued From page 5	R179	<i>Although all employees have reviewed the seven listed items via our Policy & Procedure manual prior to the unannounced onsite survey, there was no documentation proving that this had been done. These seven items have been implemented into our inservice manual and will be reviewed via inservice on an annual basis. All employees will sign the inservice items documenting that they have reviewed the subject.</i>	9/23/14
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the required 12 hours of annual training had been completed for 5 of 5 direct care staff reviewed. Findings include: During interview, conducted at the time of review of training/in-service records, the facility Manager	R179		

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R179	Continued From page 6 was unable to provide evidence that 5 of 5 staff members who provide direct care to residents, had completed the required 12 hours of in-service training for the previous year. The manager confirmed that, although there was documentation that 3 of the 5 staff members had received training in infection control measures and general supervision and care of residents, there was no documentation of the amount of that training nor any documentation of any further in-service training hours for any of the 5 staff members reviewed. This is a repeat deficiency		R179		
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse		R181		

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R181	Continued From page 7 registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to assure that 3 of 5 staff members responsible for providing direct care to residents did not have a charge of abuse, neglect or exploitation substantiated against them prior to employment. Findings include: During interview, conducted at the time of personnel record review, one of the two facility Managers, who was responsible for conducting employee background checks, confirmed that background checks had not been conducted on 3 of 5 current employees, through the Adult Abuse Registry, prior to their employment.	R181	Adult abuse, neglect or exploitation back ground check forms for all current employees, have been sent to Vermont agency of human services	9/3/14	
R252 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to assure that equipment used to store and or prepare food for resident consumption was maintained in a sanitary manner. Findings include: During a facility tour, conducted with the Nurse Manager on the morning of 9/2/14, the following	R252	All freezers, refrigerators and stoves will be cleaned and disinfected on a daily basis. A sign-off sheet has been developed to document that all have food storage and equipment has been cleaned daily.	9/2/14	

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R252	Continued From page 8 observations were made: a. the interior surface areas along the sides and bottoms of the freezers used for patient food storage, located on both the first and second floors, were covered with food crumbs/debris and dried liquid spills. b. the interior sides and bottom of the stove, used for preparing resident food and located on the second floor, was heavily soiled with food crumbs and debris. The Nurse Manager confirmed the observations at the time of tour.		R252		
R266 SS=B	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to maintain a safe, sanitary and homelike environment for the residents of 1 of 2 units. Findings include: During a facility tour, with the Nurse Manager on the morning of 9/2/14, the following observations were made: a. There was a bulging ceiling tile located in the ceiling of the first floor in the kitchen area. The tile had become dislodged and dust and particle debris were noted hanging from the tile.		R266		

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R266 Continued From page 9 a. There was a slightly bulging, water stained ceiling tile located directly above the bed in Resident #6's bedroom. These observations were confirmed by the Nurse Manager at the time of tour.		R266	<i>All ceiling tiles will be replaced with new ceiling 10/31/14 tile by the end of October 2014.</i>

September 19, 2014

Riverview Life Skill Center

Medication Administration Policy and Procedure

Policy Statement

Riverview Life Skill Center provides a registered nurse to supervise all nursing care given at the Life Skill Center. The registered nurse will provide the overview for all resident's care. The RN may delegate tasks to a licensed or unlicensed personal as needed.

The Registered Nurse is responsible for the delegation and proper administration of medication of all unlicensed assisting staff. The RN will initiate and contact a medication and administration teaching education to all assigned unlicensed staff who administers medications to residents in the facility. The educational medication training will include the following residents name, condition, purpose of medication and why it is given, the difference between side effects and adverse effects of the medication administered, including psychotic medications as well as PRN medications. A minimum of a High School diploma is required to qualify for the medication training module. The RN will train and test assistive personal before considered to administer medications. A staff member who successfully completed the training module on medication administration will in addition prepare to take the test initiated by the RN to prove competency in completing the task of medication administration. After the test the RN will supervise and evaluate the staff member when he/she will give medications to finalize the education and evaluation process. Staff members who fail any of the evaluation tests will not be allowed to administer medications. The RN is the only person who can delegate the task of medication administration in the facility. NO OTHER staff members can delegate medication administration among each other. The registered nurse of the facility is the only staff member who can approve and is able to document staff members who qualify to administer medications.

Unlicensed Staff may **only** perform medication administration when delegated by the RN. The RN will supervise and periodically check for accuracy of administration and documentation of medication administered. Only approved assistive personal will be reported in resident's

medication folder and be allowed to administer medications. In any case of medication errors including over the counter medication the RN shall be informed immediately. Only the RN can delegate the task of medication administration. No assistive personal is permitted to teach or to delegate the task of medication administration to other assistive personal.

The RN is to be notified immediately if there should be any medication changes of a resident. Any new medications including over the counter medication for a resident has to be reviewed by the RN. **NO NEW MEDICATION** added or prescribed by the physician to a residents medication regimen is allowed to be given by unlicensed personal before the registered nurse has signed, approved, and educated unlicensed staff of purpose and proper use of a new medication. The RN will initiate educational in-service meetings monthly or as needed more often to educate and inform unlicensed assistive personal about topics that will include but not limited to: proper hand hygiene, infection control, hygiene practices, safe environment, seizure precautions and response in an advent of a resident experiencing a seizure including before, during, and after a seizure. Additional in-service meetings will be held depending on the need and severity of the subjects, as well as performance of staff noted. Attendance is mandatory. It is the assistive personals responsibility to plan the day accordingly.

Unlicensed personal shall communicate with the RN **immediately** if an emergency occurs or the resident's condition may change. If the RN is unavailable if an emergency occurs, the case manager shall be notified and the medical response team alarmed. All emergency contact information is posted by the nursing station on each floor of the facility. Emergency contacts will be verified monthly or as needed.

The RN takes responsibility to discard outdated or unused medication and disposes it appropriately as needed. Psychiatric and Narcotic medication shall be destroyed (crushed) and mixed with coffee grounds or pet litter, and shall be put in disposable trash bags that is disposed in other waste items.

This policy is **effective immediately**. All staff members of Riverview need to read and sign please.

9/19/2014
Marian Perry RN